

## REGISTERED DENTAL ASSISTANT REEXAMINATION REQUEST

Authority: 1978 PA 368

**Print or Type Clearly**

Name (First, Middle, Last)		Date of Birth	
Address			
City	State	Zip Code	Country
Telephone Number		Email Address	
List any other name or alias by which you have ever been known, including maiden name, if applicable: <hr/>			
I am requesting reexamination for the following reason:  <div style="margin-left: 40px;">I was not successful when I took the exam on (date): _____</div>  <div style="margin-left: 40px;">I was absent from the exam on (date): _____</div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Signature _____</div> <div style="width: 45%;">Date _____</div> </div>			
<b>CHECK EXAMINATION TYPE</b>		<b>FOR OFFICE USE ONLY</b>	
Choose One:  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Written and Clinical</div> <div style="width: 30%;"><b>\$70.00</b></div> <div style="width: 30%;">2903-27</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Written Only</div> <div><b>\$35.00</b></div> <div>2903-28</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Entire Clinical Only</div> <div><b>\$35.00</b></div> <div>2903-28</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Part of Clinical (<i>choose one below</i>)</div> <div><b>\$35.00</b></div> <div>2903-28</div> </div> <div style="margin-left: 40px; margin-top: 10px;">Temp. Crown</div> <div style="margin-left: 40px;">Amalgam</div>		<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">License Number</div> <div style="width: 35%;">Issue Date</div> </div>	
Your check or money order, drawn from a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b> , must accompany this request. <b>DO NOT SEND CASH.</b> Fees are non-refundable.			